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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 02 P 15173 US / INTECH 3.0-076 First Inventor Kia Seng Low Title INCLUSION OF LOW-K DIELECTRIC MATERIAL BETWEEN BIT LINES Express Mail Label No. EV 342574771 US		
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 39] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11] 5. Oath or Declaration [Total Sheets 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application. see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 		
ACCOMPANYING APPLICATION PARTS				9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). 17. <input type="checkbox"/> Other: _____
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76.				<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____
Prior application information: Examiner _____ Art Unit: _____				
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number: 000530		OR <input type="checkbox"/> Correspondence address below		
Name _____				
Address _____				
City _____		State _____	Zip Code _____	
Country _____		Telephone _____		Fax _____
Name (Print/Type) <u>Lawrence E. Russ</u>		Registration No. (Attorney/Agent) 35,342		
Signature <u>Lawrence E. Russ</u>				Date October 20, 2003

 367590
 U.S. PTO
 10/07/2003
 102003



1724 U.S.PTO

Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004		Complete if Known																																			
Effective 10/01/2003, Patent fees are subject to annual revision.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td colspan="3">Not Yet Assigned</td></tr> <tr><td>Filing Date</td><td colspan="3">Concurrently Herewith</td></tr> <tr><td>First Named Inventor</td><td colspan="3">Kia Seng Low</td></tr> <tr><td>Examiner Name</td><td colspan="3">Not Yet Assigned</td></tr> <tr><td>Art Unit</td><td colspan="3">N/A</td></tr> <tr><td colspan="2">TOTAL AMOUNT OF PAYMENT</td><td colspan="2">(\$)</td><td colspan="2">1,862.00</td></tr> <tr><td colspan="2"></td><td colspan="2"></td><td colspan="2">Attorney Docket No. 02 P 15173 US / INTECH 3.0-076</td></tr> </table>				Application Number	Not Yet Assigned			Filing Date	Concurrently Herewith			First Named Inventor	Kia Seng Low			Examiner Name	Not Yet Assigned			Art Unit	N/A			TOTAL AMOUNT OF PAYMENT		(\$)		1,862.00						Attorney Docket No. 02 P 15173 US / INTECH 3.0-076	
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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Deposit Account Number</td><td>12-1095</td></tr> <tr><td>Deposit Account Name</td><td>Lerner, David, Littenberg, Krumholz & Mentlik, LLP</td></tr> </table> <p>The Director is authorized to: (check all that apply)</p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				Deposit Account Number	12-1095	Deposit Account Name	Lerner, David, Littenberg, Krumholz & Mentlik, LLP	3. ADDITIONAL FEES																													
Deposit Account Number	12-1095																																				
Deposit Account Name	Lerner, David, Littenberg, Krumholz & Mentlik, LLP																																				
FEE CALCULATION																																					
1. BASIC FILING FEE																																					
Large Entity	Small Entity	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid																																
1001	770	2001	385	Utility filing fee	770.00																																
1002	340	2002	170	Design filing fee																																	
1003	530	2003	265	Plant filing fee																																	
1004	770	2004	385	Reissue filing fee																																	
1005	160	2005	80	Provisional filing fee																																	
SUBTOTAL (1) (\$)				770.00																																	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																					
Large Entity	Small Entity	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid																																
Total Claims	52	-20** =	32	Extra Claims x Fee from below	Fee Paid 576.00																																
Independent Claims	9	-3** =	6		516.00																																
Multiple Dependent																																					
SUBTOTAL (2) (\$)				1,092.00																																	
**or number previously paid, if greater; For Reissues, see above																																					
SUBMITTED BY																																					
Name (Print/Type)	Lawrence E. Russ		Registration No. (Attorney/Agent)	35,342	Telephone (908) 518-6309																																
Signature			Date	October 20, 2003																																	
(Complete if applicable)																																					
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00																																					